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| |  |  |  | | --- | --- | --- | | UMT.png | **UNIVERSITY OF MANAGEMENT AND TECHNOLOGY SIALKOT CAMPUS** |  | |  |  |

**Inter School Program Change Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ID No: |  | |  |  | | |  | | |  |  | |  |  |  | |  |  |  | | | | | Date: | | | | | | | D | D | M | M | | Y | | Y | | Y | | Y | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name/Surname: | | | | | | | | |  | | | | | | | First Name: | | | | |  | | | | | | | | | Middle Name: | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program (current): | | | | | |  | | | | | | | | | | | | | | Semester: | | | | | | Spring 🞏 / Summer 🞏 / Fall 🞏 | | | | | | | | | | |  | |  | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Credit Hours completed: | | | | | | | | | | | |  | | | | | | | | | | | | | CGPA: | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | | | | | | | | | | Contact No: | | | | | |  | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |
| Program (proposed): | | | | | | | |  | | | | | | | | | | | | | | | School: | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **State the Reason:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**Please attach Clearance Form**

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| --- | --- | --- | --- |
| Student’s Signatures: |  | Area Coordinator/Advisor Signature: |  |

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*(For Office Use Only)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COD/Area Coordinator** (Proposed Program) | | | | | | | **Office of the Registrar** | | | |
| Approved: | | | 🞏  Yes | 🞏  No |  | | Old ID: | |  | |
| New ID: | |  | |
| Signature: | |  | | | |  | Signature: | | |  |
| Date: |  | | | | |  | Date: |  | | |

Guidelines regarding Inter School Program Change:

* Program Change Fee is Rs. 5000/-. Participant will attach the payment slip with this form.
* Concerned COD/Area Coordinator shall ensure that such participant fulfill the admission criteria of the particular program which he/she wish to join.
* After approval of concerned COD/ Area Coordinator for inter-school program change, new ID shall be issued.
* Clearance forms signed by OTR/IPC/LRC is required, and copies of all academic credentials be attached.
* The grades of courses transferred to the new program provided 60% marks in annual system or C+ and above for Undergraduate programs and B and above in case of Master/Graduate programs.
* The COD / Area Coordinator of the school accepting the transfer of the program will determine the transfer of courses as per Road Map.

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**UNIVERSITY OF MANAGEMENT AND TECHNOLOGY** - **SIALKOT CAMPUS**  
**Acknowledgement Receipt: Inter School Program Change Form**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Semester: Spring 🞏 / Summer 🞏 / Fall 🞏 |  |  |  |  |  |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | | | | | |
| Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | ID No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | | | | | |
| Name of Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Signature of Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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